

FIG. 1

FIG. 1

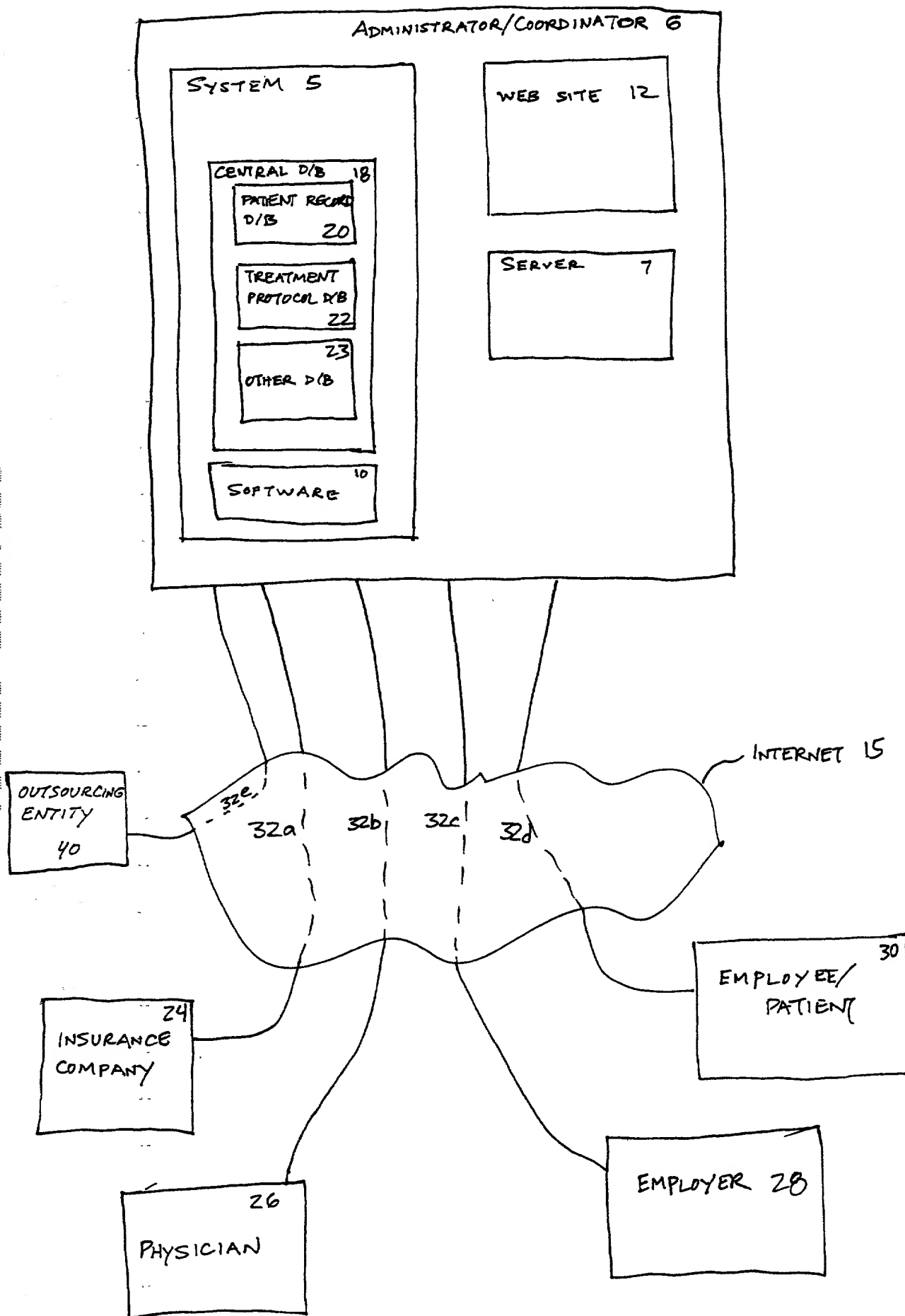


FIG. 2

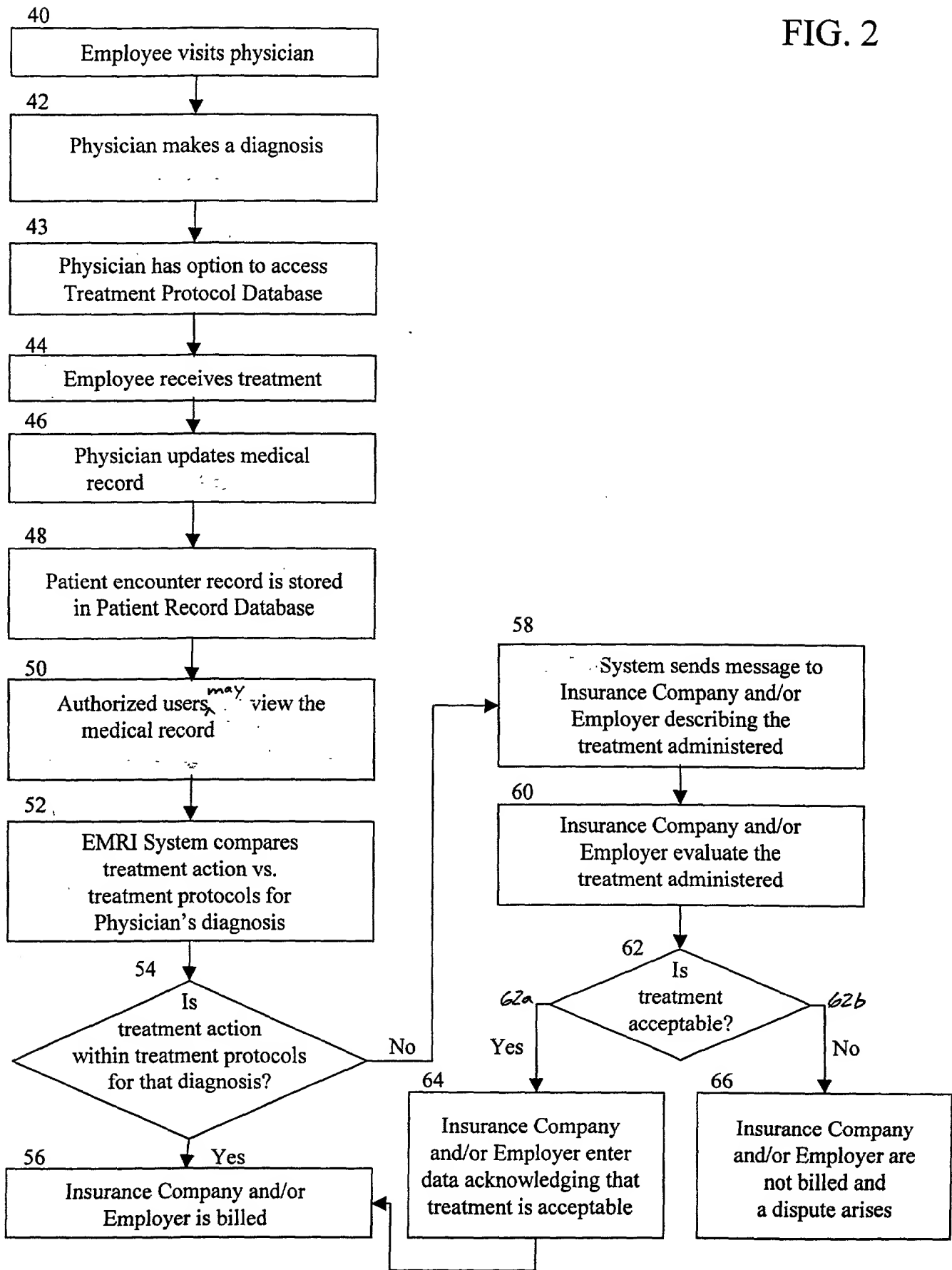


FIGURE 3a

Summary Corporate Report

Employer:

Contact Person:

Contact Assistant:

Type of Business:

Employer Phone:

Contact Phone:

Insurance Company:

Global - Monthly All Regions

Year:	Month	Total First Aid	Total Rept Injury	Total New Injury	Total Light Duty	Total Paid	Total Sick Call (PM)	Physicals Pre-Employ	Physicals DOT	Drug Screens Non-NIDA	Collect Only	Total Employer Paid	Total Insurance Charge	Total Premium
January		509	238	238	107	107	849	951	204	373	306	475	\$ 99,285	\$ 204,906
February		441	102	102	102	102	1086	679	102	306	204	340	75,915	137,157
March		340	204	204	104	104	747	611	0	407	407	340	77,430	154,316
April		373	238	238	238	238	509	679	136	509	373	272	86,025	174,795
May		509	68	68	238	238	306	509	170	373	340	475	99,285	139,039
June		747	204	204	230	230	272	1222	306	407	509	645	140,040	244,426
July		0	0	0	0	0	0	0	0	0	0	0	-	-
August		0	0	0	0	0	0	0	0	0	0	0	-	-
September		0	0	0	0	0	0	0	0	0	0	0	-	-
October		0	0	0	0	0	0	0	0	0	0	0	-	-
November		0	0	0	0	0	0	0	0	0	0	0	-	-
December		0	0	0	0	0	0	0	0	0	0	0	-	-
Total		2919	1054	1054	1054	1054	3769	4651	918	2375	2139	2547	\$ 577,980	\$1,054,639

341

342

340

Injury Summary - YTD

350

Employer:

Contact Person:

Contact Assistant:

Type of Business:

Employer Phone:

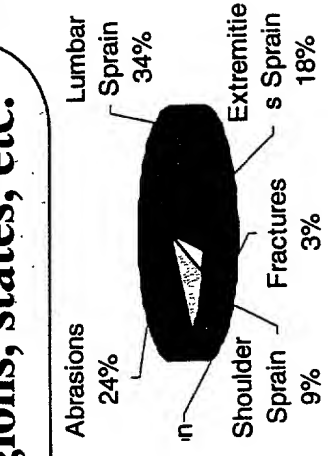
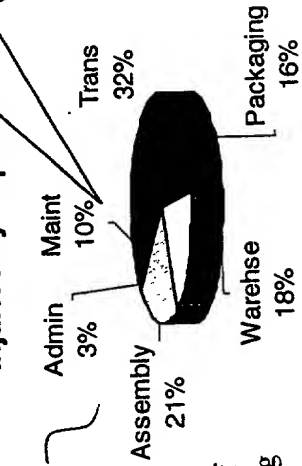
Contact Phone:

Insurance Company:

Year:	Month	Total First Aid	Total Rept Injury	Total New Injury	Total Office Visits	Sick Call (Pvt)	Physicals	Drug Screens	Total Employer Paid	Total Insurance Charges	Total Charges
January	15	7	32	154	25	6	11	9	14	6,033	2,925
February	13	3	16	112	32	3	9	6	10	4,041	2,235
March	10	6	15	112	22	0	12	12	10	4,539	2,280
April	11	7	18	126	15	4	15	11	8	5,148	2,535
May	15	2	17	119	9	15				4,096	2,925
June	22	6	28	196	8	36				7,196	4,125
July	0	0	0	0	0	0				-	-
August	0	0	0	0	0	0				-	-
September	0	0	0	0	0	0				-	-
October	0	0	0	0	0	0				-	-
November	0	0	0	0	0	0				-	-
December	0	0	0	0	0	0				-	-
Total	86	31	117	819	111	12				31,051	7,025
											54,076

Reports & charts are easily "tailored" to your company's requirements, showing plants, regions, states, etc.

Injuries by Department



IMPORTANT

This is not a bill but a report. If any of the information regarding your company is incorrect, please contact us immediately.

351

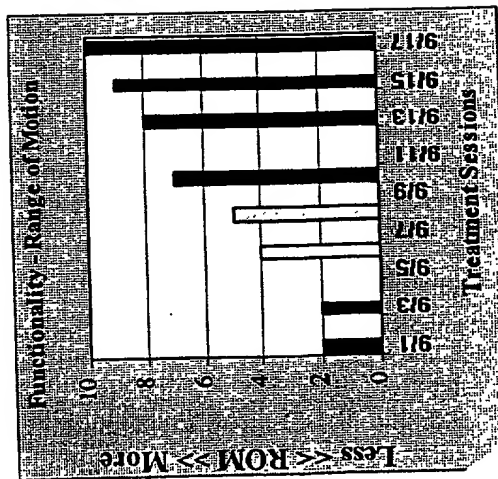
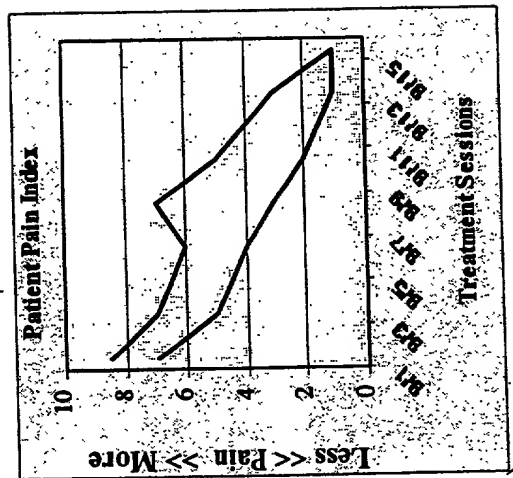
352

Detailed Work Status Report

332

300

302



334

Employee:

304

Supervisor:

Department: Transportation

Job Description:

ID/SSN#: 000-00-0000

Diagnosis:

306

Prognosis:

308

Important Dates

Date of Injury /

312

Date of First Visit /

314

Date of Last Visit /

316

Date of Next Visit /

318

Date of Est Discharge /

320

Work Status

324

326

Date Last Worked /

322

Date Returned to Full Duty /

324

Date Returned to Mod Duty /

326

Lost Work Days /

328

Work Restrictions:

330

FIGURE 4

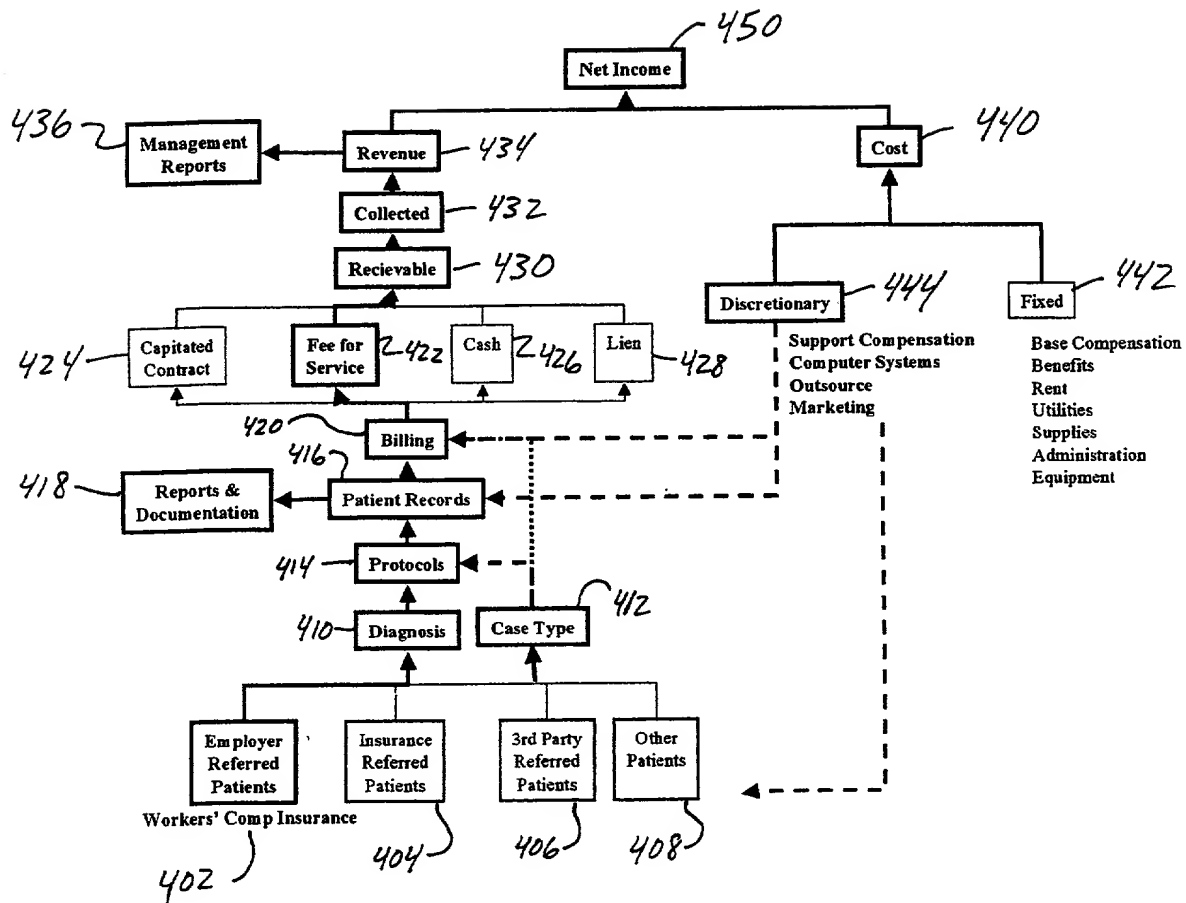


FIGURE 5

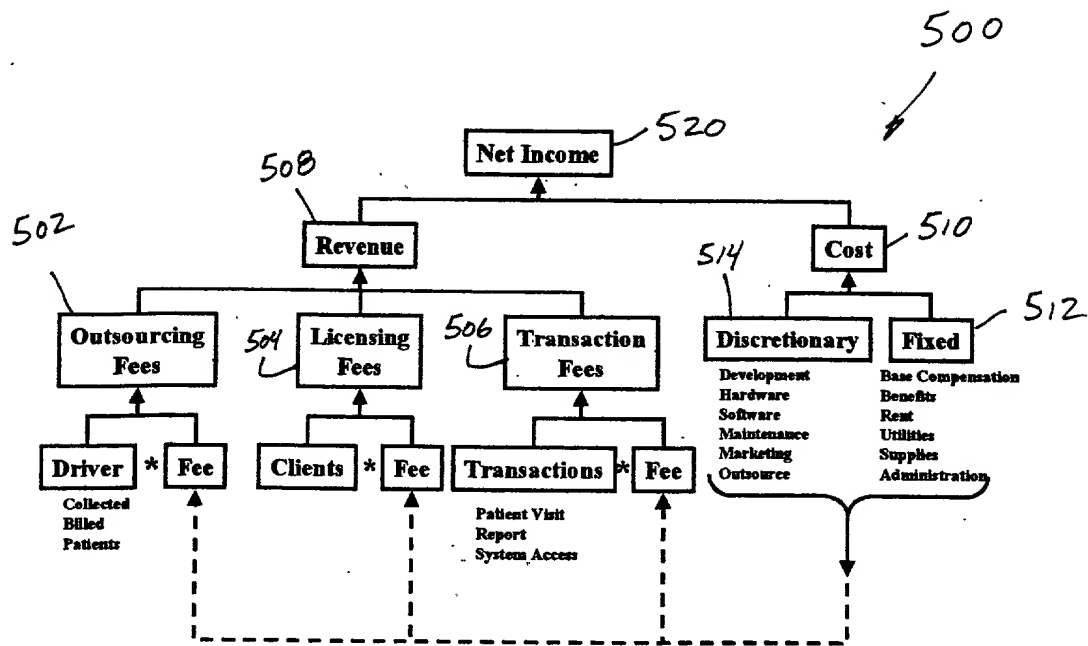


FIG. 6

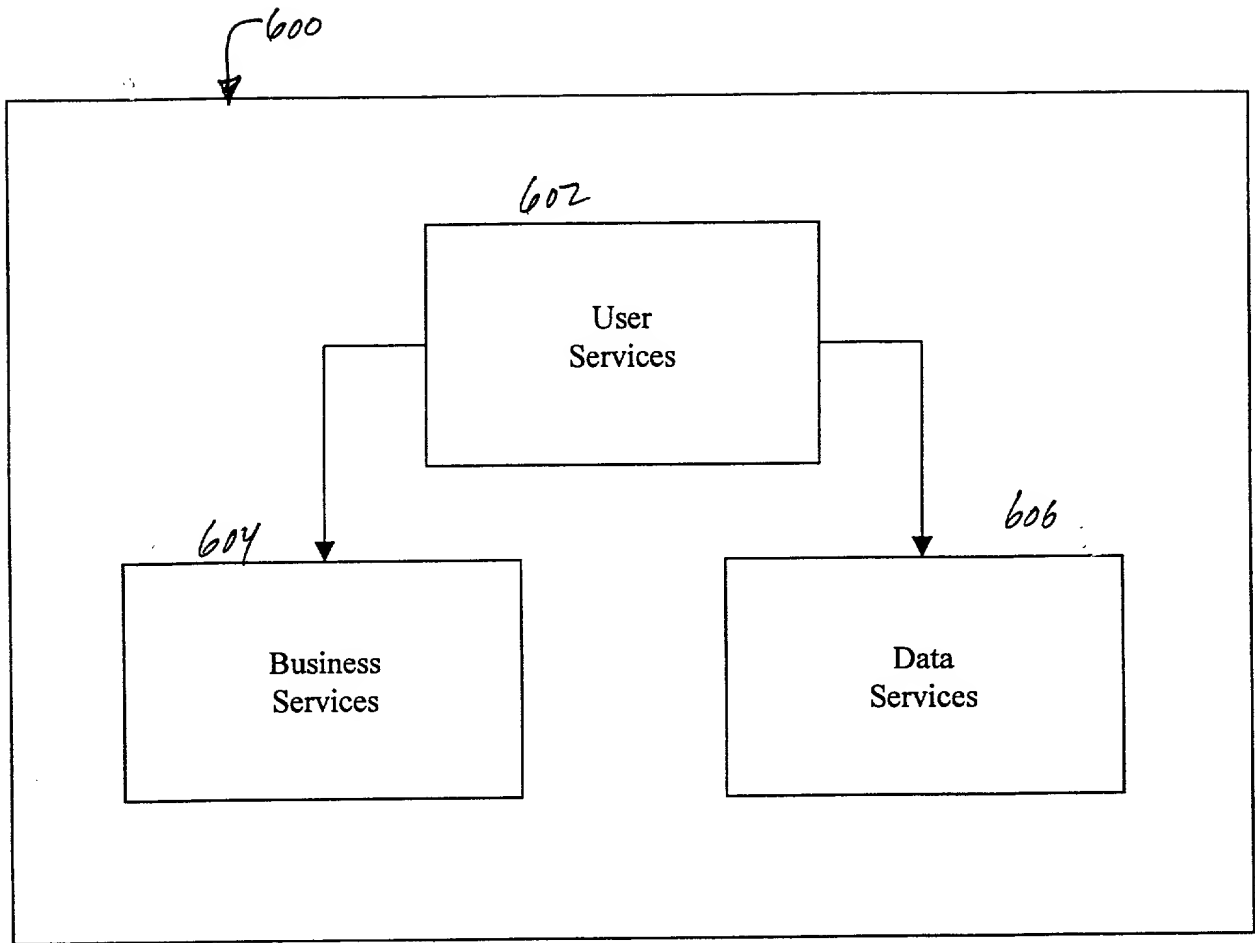


FIGURE 7

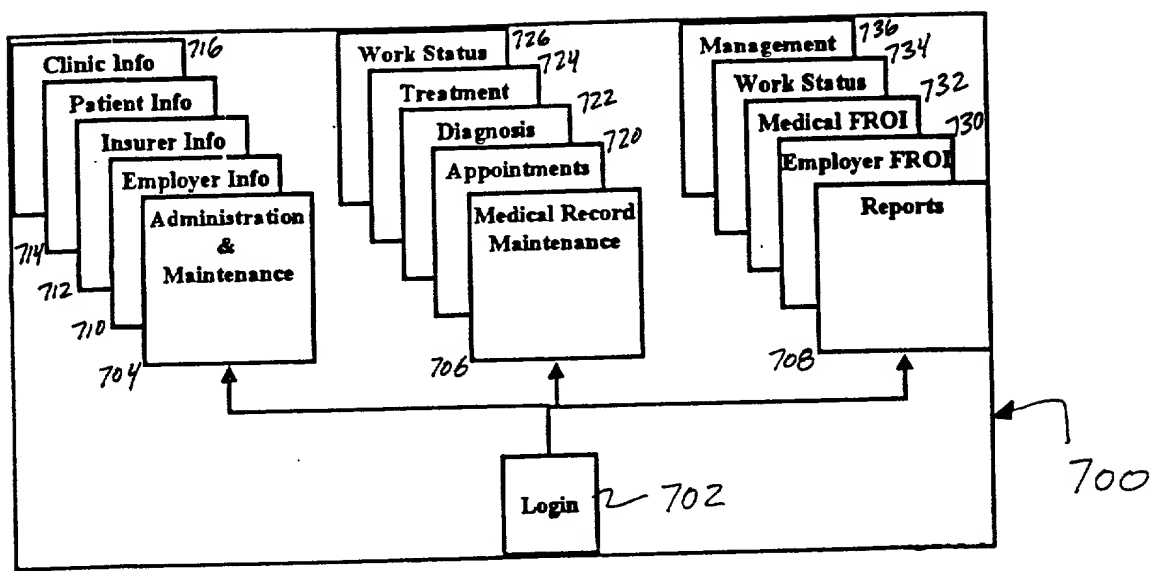


FIGURE 8

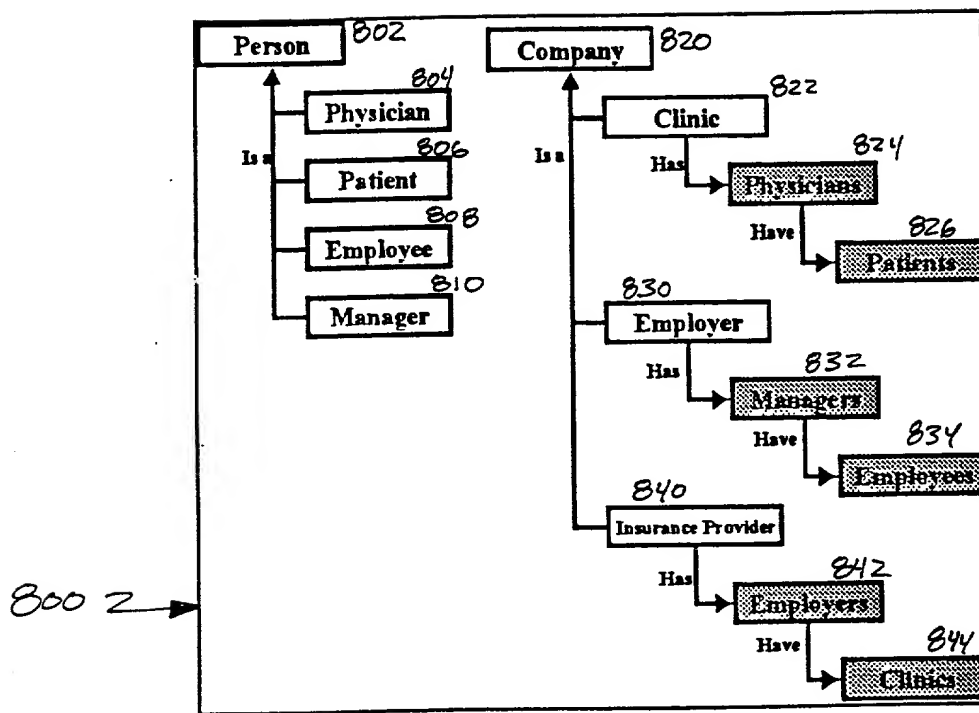


FIGURE 9

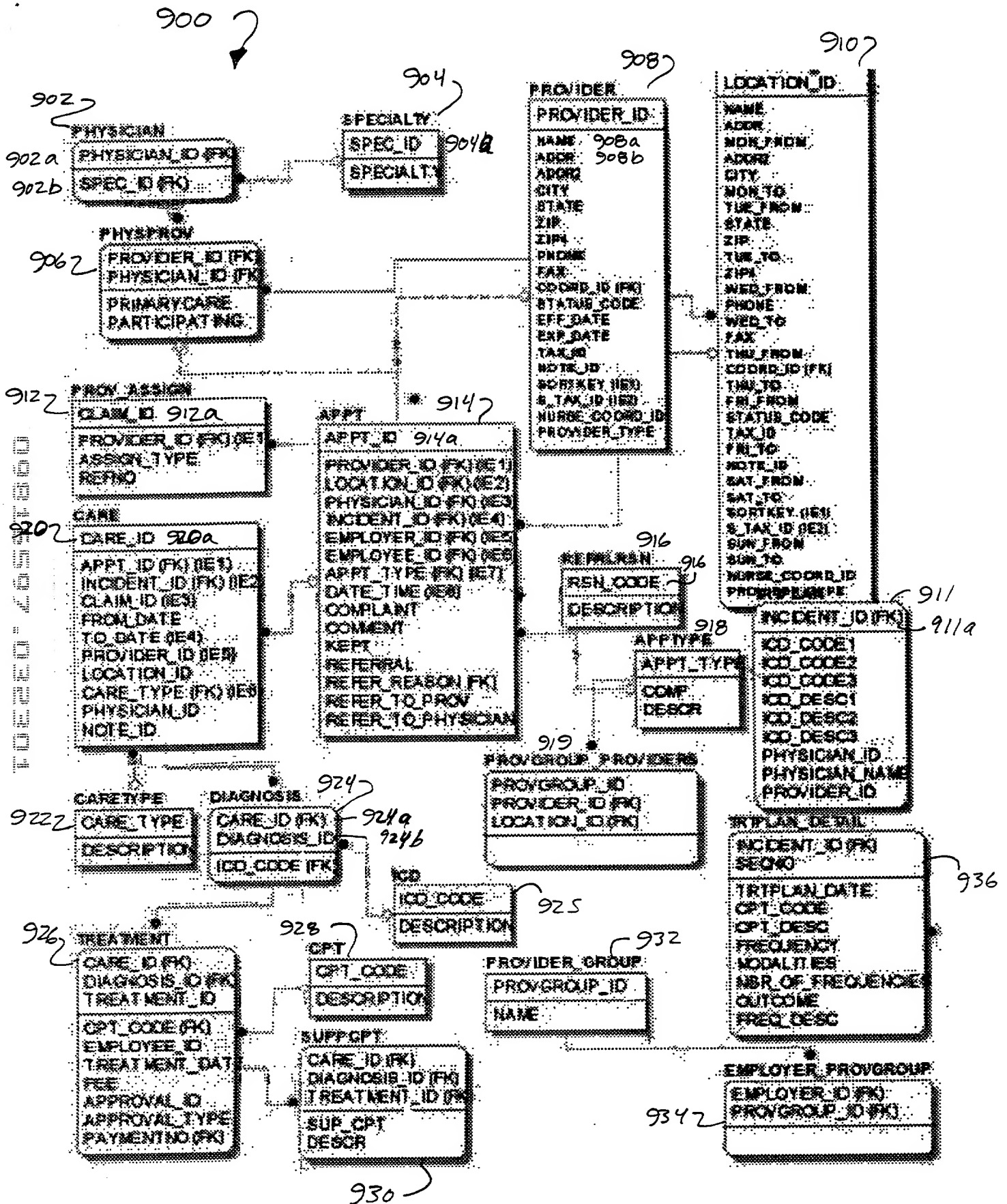


FIGURE 10

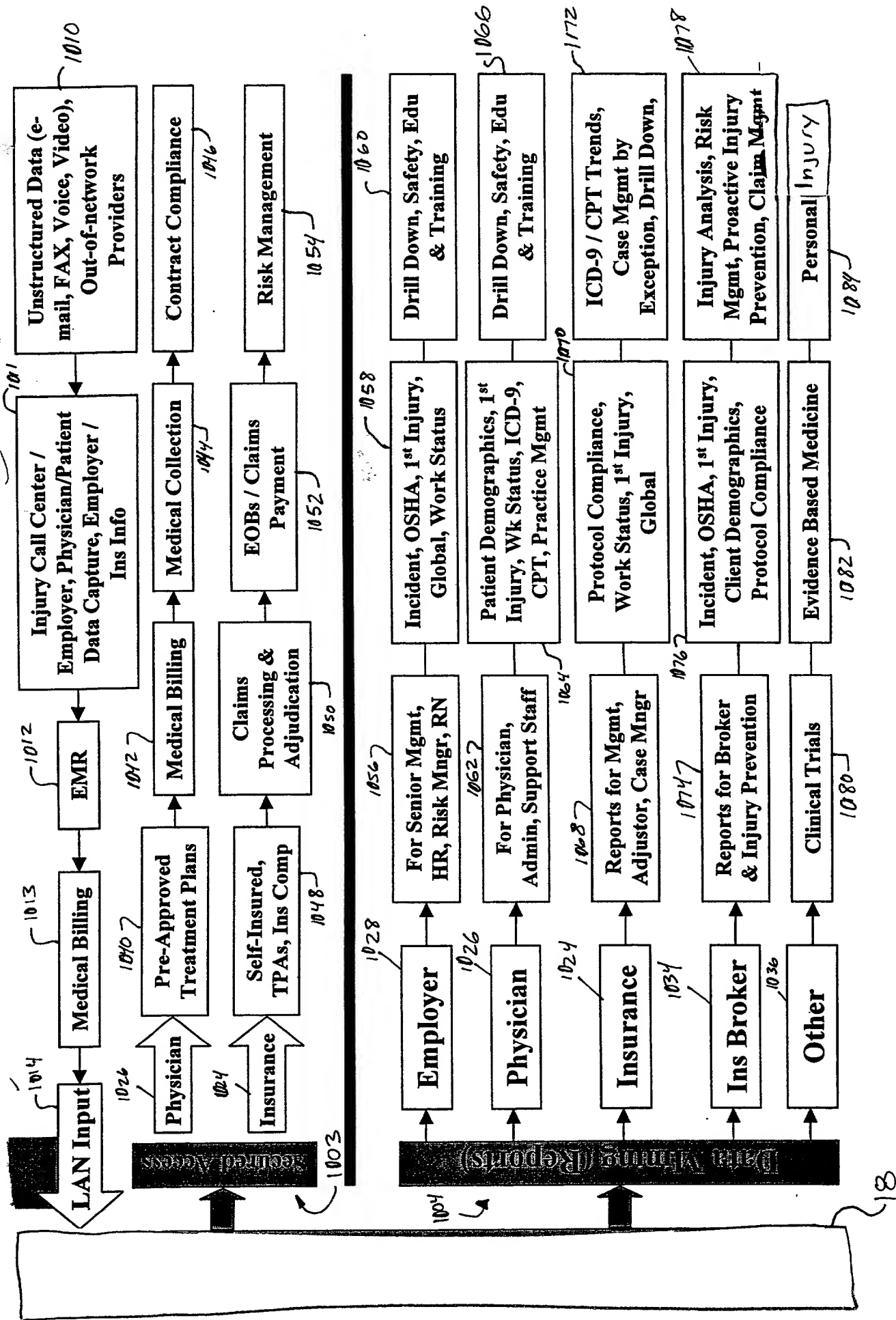


FIGURE 11

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